RETIREMENT DATA (ARMY ONLY)							
D	ATA REQUIRED BY THE	PRIVACY	ACT (PUB	LIC LAW 9	93-579)		
AUTHORITY:	10 USC 3012						
PRINCIPAL PURPOSES:	To control Retirement Processing and to facillitate ceremonial purposes and for Retirement Certificate.						
ROUTINE USES:	To maintain a record of Retirement Addresses and Telephone Numbers for contacting Service Members. To facillitate Retirement Ceremonial Functions and allow accurate preparation of certificates.						
DISCLOSURE:	Disclosure of the information by the individual is voluntary. Failure to provide information indicated by * may result in the Soldier						
	not being allowed to participate in the Retirement Ceremony.						
	Please type/pi	rint all entri	ies on this f	orm			
	1 10000 13 po, p	Time dir Orien	100 011 11110 1	0			
1.* NAME (Last, First, Middle)			2. SSN		3. * RANK		
4. * BRANCH (AG, IN, AV)	5. * DATE OF RANK		6. TRANSITIONAL LV DATE		7. RETIREMENT DATE		
8. UNIT			9. SPOUSE'S NAME (Last, First, Middle)				
10. * DUTY PHONE			11. * HOME PHONE				
12. EMAIL ADDRESS							
13. PRESENT ADDRESS							
14. RETIREMENT ADDRESS							
15. ACTIVE SERVICE DATE		16. YEARS		17. MONTHS		18. DAYS	
19. * DO YOU WISH TO TAKE PART IN A RE	ETIREMENT CEREMONY? TYPE AN	N "X" IN APPR.	вох	•	YES	YES	NO
20. * IF YES, CIRCLE OR TYPE IN THE BOX	THE END-OF-MONTH RETIREMEN	NT CEREMONY	YOU WISH TO	ATTEND:			
JAN FEB MAR APR		JUL AU		OCT	NOV D	DEC	
21. NOTES: UNIFORM: (MANDATORY FOR							
CEREMONY PARTICIPANTS MUST WEAR BERET DURING THE CEREMONY							
TIME AND LOCATION WILL BE VARIFIED BY MDW PROTOCOL PREBRIEF ONE HOUR PRIOR TO CEREMONY							
21. IF YOU ARE SERVICED BY FORT MYER TRANSITION POINT PLEASE FAX DATA SHEET BACK TO (703) 696 - 2780 OR (703) 696-8898							
22. OUT OF STATE PARTICIPANTS PLEASE			` '		,		
HQ MDW Form PREVIOUS EDITION OF THIS FORM ARE OBSOLETE							
Jan-05							